



CITY OF SUNNYVALE

650 West Olive Avenue • P. O. Box 3707
Sunnyvale, California 94086-3707
(408) 730-7620

ATTACHMENT 1 of 2

Page

BUSINESS LICENSE APPLICATION

Business Name St. Kitchen & Bath Design ADMINISTRATIVE OFFICE
Corporate Name 1
(If Different)
Business Location 1698 S Wolfe Road site #116
(Not P. O. Box)
City Sunnyvale State CA Zip 94087
Bus. Phone (415) 308-8582 Bus. Fax (510) 763-8137

BY
SINCE
S4P1

Mailing Address _____
(If Different)
City _____ State _____ Zip _____

Start Date in Sunnyvale 7/3/03 Description of Business (Provide detailed description of business activity, if necessary)
Kitchen & Bath Design ADMINISTRATIVE OFFICE

Sales? ☒ None ☐ Wholesale ☐ Retail Resale Number? _____
Ownership: ☐ Corporation ☒ Ltd Liability Corp ☐ Sole Proprietor ☐ Partnership ☐ Trust
Contractors State License _____ License Type _____ Expiration Date _____
Federal I. D. No. _____ State I. D. No. _____ Email Address _____

Personal Information - Enter below names of Owners, Partners, or Corporate Officers - Use Additional Sheets as necessary

Owner Name KENNY AU-YEUNG Title OWNER Phone (415) 468-9388
Home Address 323 CRESCENT CT. Cell Phone (415) 308-8582
City BRISBANE State CA Zip 94005 S. S. No. 553-79-2883
Owner Name EDMUND AU-YEUNG Title OWNER Phone (415) 468-3782
Home Address 177 TULARE ST. Cell Phone (415) 812-8163
City BRISBANE State CA Zip 94005 S. S. No. _____

Emergency Notification - In case of an emergency and I cannot be reached, please call:

Name JENNY WOO Title _____ Phone () _____
Address 323 CRESCENT CT. Cell Phone (415) 260-7770
City BRISBANE State CA Zip 94005

PLEASE FILL IN THE APPROPRIATE BOXES BELOW AND SIGN

Classification and Fee (Review fee schedule on reverse of this application and enter applicable fees below.)

Note: Businesses with rental properties need to include no. of units and no. of employees. Tax fee shall be based on the greater number of the two.

PAID

No. of Rental Units ☐

No. of Employees (Including Owner) 2

TYPE OF USE:

- ☐ FIREARM SALES
☐ MASSAGE
☐ HOLISTIC HEALTH
☐ PAWN BROKER
☐ SECONDHAND DEALER
☐ TATTOO PARLOR
☐ ADULT ENTERTAINMENT ESTABLISHMENT

24349 - 3 2003
COMMUNITY DEVELOPMENT
CITY OF SUNNYVALE
CONSTRUCTION HOURS
7AM - 6PM M-F
8AM - 6PM SAT.
NO WORK ON HOLIDAYS

Business Tax Fee
Inside/Outside City of Sunnyvale

\$

Penalty Fee

\$

Interest Fee

\$

Prior Year(s) Tax Fee

\$

TOTAL AMOUNT DUE

\$

5.00

PLEASE MAKE CHECK PAYABLE TO THE CITY OF SUNNYVALE
A \$20.00 fee will be imposed for all returned checks.

I certify that I have read and understand the above, and I declare under penalty of perjury that the information given above is true and correct to the best of my knowledge.

Signature

Date

7/3/03

Title

CEO

PLEASE COMPLETE THE FOLLOWING INFORMATION

Page 2 of 2Business Name KITCHEN & BATH DESIGN ADMINISTRATIVE OFFICE BY SINCERE SUPPLYBusiness Address 1698 S. WOLFE ROAD SUITE 116 SUNNYVALE CA 94087
(Attach additional sheet if necessary)

Corporation Name (If different) _____ Location _____ (Including International) (No P.O. Box #'s please)

Do you own or rent at this location? ☐ Own ☒ RentMailing Address 258 11TH ST OAKLAND CA 94607

Web Address _____

If business has a separate STORAGE OR CORPORATION YARD, indicate the location: 1501 JACKSON ST. OAKLAND / 340 SPARKMAN MODEDoes the business IMPORT OR EXPORT Yes ☐ No ☒ Which Countries? _____Is Company headquartered in Sunnyvale? Yes ☐ No ☒ If no, where is headquarters _____CEO/CCO Name KENNY AU-YEUNG Title CEO Phone (415) 308-8582Email Address TEMEFFORTS@YAHOO.COMCFO Name EDMUND AU-YEUNG Title CFO Phone (415) 812-8103Email Address EYT1972@AOL.COMFacilities Manager Name SUNNY AU-YEUNG Title G.M. Phone (415) 772-1330Email Address SUNNYAY@YAHOO.COMHuman Resource Manager SUNNY AU-YEUNG Title _____ Phone () _____

Email Address _____

Alternate Emergency Contact Person JENNY WOO Title _____ Phone () _____Email Address _____ Pager No. _____ Cell Phone (415) 260-7770

PUBLIC SAFETY BUSINESS LICENSE INFORMATION (Additional permits may be required - contact 408/730-7100)

Alarm System? Burglar Alarm System Yes ☒ No ☐ Fire Alarm System Yes ☒ No ☐

Burglar Alarm Company Name _____ Phone () _____

Address _____ License No. _____

Installation Date: _____

Fire Alarm Company Name _____ Phone () _____

Address _____ License No. _____

Installation Date: _____

Are there any HAZARDOUS MATERIALS used, stored, or transported? Yes ☐ No ☐

(If yes, attach a detailed list of materials or chemicals and quantities)

Will your business have PUBLIC ASSEMBLY over 50 people? Yes ☐ No ☐ (Fire Inspection permit required)

(Restaurant, bar, theatre, bowling, etc.)

Is the business involved in any way with FIREARMS or EXPLOSIVES? Yes ☐ No ☐Does the business dispense or sell ALCOHOLIC BEVERAGES? Yes ☐ No ☐

HOME OCCUPATION

Sunnyvale Home Business Yes ☐ No ☐ If yes, complete questions a-ga. Will customers be visiting your home? Yes ☐ No ☐b. Will there be any deliveries? Yes ☐ No ☐

c. How many people will be working in your home? _____

d. Where in the home will you be operating your business? _____

e. Total floor area (square feet) of your home. _____

f. Total floor area (square feet) of your home that will be devoted to your business. _____

g. How many vehicles (associated with your business) will visit your home each day? _____

Home Businesses (if applicable): I have read and understand the requirements for home businesses (see applicable provisions of the Sunnyvale Municipal Code.

Note: When you have filled out this form, signed it, and paid the correct tax, you will be given a receipt. The receipt is not a business license. Payment of a business license tax and issuance of a Business License do not entitle you to conduct any illegal business or operations, or violate any applicable federal, state or local laws or regulations. As the owner or operator of a business, you must comply with all applicable zoning and public safety regulations and obtain all required permits.